

Individual Application and Instructions

All individuals transacting insurance business in this state, or relative to a subject resident, located, or to be performed in this state, must be licensed unless exempt.

If an applicant submits a paper application when the application can be filled electronically, an additional processing fee of \$50.00 is required in addition to the application fee (see Bulletin 09-04).

Application fees are NONREFUNDABLE (3 AAC 31.010).

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.040(f)

IF YOU WISH TO WITHDRAW YOUR APPLICATION AT ANY TIME DURING THE APPLICATION PROCESS, PLEASE CONTACT THIS DIVISION.

IN ADDITION TO THE REQUIREMENTS SET FORTH IN THE INSURANCE CODE, THE ISSUANCE OF THE REQUESTED LICENSE IS SUBJECT TO THE REQUIREMENTS OF AS 25.27.244 AND AS 14.43.148.

FORM FILING REQUIREMENTS

RESIDENT

- Application Form 08-240
- Application Fee plus the Fingerprint Card Evaluation Fee of \$51.50
- One Fingerprint Card
- Examination Results (valid one year from administration date)

NONRESIDENT

- Application Form 08-240

If you are applying for a resident license within 90 days of cancellation of your license in your prior home state, testing is waived.

REQUIREMENTS

Designated compliance officer is responsible for the actions of the firm and all representatives.

Independent Adjuster applicants must have six (6) months' active working experience within the last two calendar years.

Residents only: Surplus Lines Broker applicants must be licensed as either an insurance producer or managing general agent for property and casualty authority.

Viatical Settlement applicants must hold an Alaska Insurance Producer license for life and variable authority.

Once licensed by the State of Alaska, you are required to notify the division by certified mail within 30 days of any of the following occurrences:

- Change in compliance officer
- Change in place of business
- Change in name as reflected on license
- Changes in electronic (e-mail) address
- Change in residence
- Change in telephone number
- Change in mailing address
- Disciplinary action by another state or jurisdiction or criminal prosecution

Answers to Frequently Asked Questions (FAQs) are available at
<http://www.commerce.state.ak.us/insurance/Insurance/programs/Consumers/faq.pdf>.

Applications not completed within four months from the date filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.040(f).

If an applicant submits a paper application when the application may be filed electronically, an additional processing fee of \$50.00 is required in addition to the application fee.

	Individual Resident or Nonresident	Paper Filing
Insurance Producer (Any Line(s)), Independent Adjuster, Reinsurance Intermediary Manager/Broker, Managing General Agent, Trainee Independent Adjuster, Bail Bond, Travel, Title, Motor Vehicle Rental, Crop, Credit	\$ 75.00	\$ 50.00
1033 Consent Application	\$300.00	
Viatical Settlement Broker/Representative	\$100.00	
Surplus Lines Broker	\$300.00	\$ 50.00
Third Party Administrator or Viatical Settlement Provider	\$300.00	
Exempt Managing General Agent, Exempt Reinsurance Intermediary Broker, Exempt Reinsurance Intermediary Manager, Exempt Third Party Administrator	\$100.00	
Unlicensed Nonresident Adjuster	\$ 0	

RESIDENT APPLICANTS

One fingerprint card to be submitted – the fingerprint card processing fee of \$51.50 must be included with the application fees.

Fingerprint card and fee is not required if currently Alaska licensed.

ELECTRONIC FILINGS

	Residents	Nonresidents
Initial Application or License Reinstatement for Producers, Adjusters, Surplus Lines, Limited Lines Licensees, License Amendment to add lines, types or classes to a license	Electronic filing available at https://pdb.nipr.com/html/nriWelcome.html	Electronic filing available at https://pdb.nipr.com/html/nriWelcome.html
License Renewal for Producers, Adjusters, Surplus Lines, Limited Lines Licensees	Electronic filing available at https://pdb.nipr.com/html/eriWelcome.html	Electronic filing available at https://pdb.nipr.com/html/nriWelcome.html
Address Change*	Electronic filing available at https://pdb.nipr.com/ACR/SignIn	Electronic filing available at https://pdb.nipr.com/ACR/SignIn
E-mail Address	http://www.commerce.alaska.gov/insurance/apps/EmailUpdate/Login.aspx	

*Except changing to a new resident (home) state or an address change filing for a firm.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 WILLOUGHBY AVENUE, 9TH FLOOR
P.O. BOX 110805, JUNEAU, ALASKA 99811-0805
(907) 465-2515
FAX NUMBER: (907) 465-2816
Website: <http://www.commerce.state.ak.us/insurance>

Division use only
Batch # _____ \$ _____

INDIVIDUAL APPLICATION

Check appropriate box for license required:

- resident license
- nonresident license
 - identify home state: _____

1. Social Security Number	2. If assigned National Producer Number (NPN)	3. If applicable, FINRA Individual Central Registration Depository (CRD) Number			
4. Last Name	JR./SR. etc.	5. First Name	6. Middle Name	7. Date of Birth month ____ day ____ year ____	
8. Residence/Home Address (Physical Street)	9. P.O. Box	10. City	11. State	12. Zip Code	13. Foreign Country
14. Home Phone Number	15. Gender (circle one) Male Female		16. Are you a Citizen of the United States (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No and this is an application for a resident license, you must supply proof of eligibility to work in the U.S.)		
17. Business Entity Name					
18. Business Address (Physical Street)	19. P.O. Box	20. City	21. State	22. Zip Code	23. Foreign Country
24. Business Phone Number	25. Business Fax Number	26. Business E-mail Address		27. Business Web Site Address	
28. Applicant's Mailing Address	29. P.O. Box	30. City	31. State	32. Zip Code	33. Foreign Country
34. a) List any assumed, fictitious, alias, maiden, or trade names under which you have used in the past to do business, are currently doing business or intend to do business. _____					
b) List any trade names under which you are currently doing business or intend to do business. _____					

Agency or Business Entity Affiliations

35. List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	NPN _____	Name of Agency _____
Fein # _____	NPN _____	Name of Agency _____

Employment History

36. Account for all time for the past five years. Give all employment experience starting with your current employer working back five full years. Include full and part-time work, self-employment, military service, unemployment and full-time education, accounting for the full five years time **without gaps**. Attach a separate piece of paper, if necessary.

	From Month	Year	To Month	Year	Position Held
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

Background Information

39. The applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes No

Note: "Crime" includes a misdemeanor, a felony, or a military offense.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license, and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A _____ Yes _____ No _____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A _____ Yes _____ No _____

2. Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license. "Involved" also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. **INCLUDE** any business so named because of your actions, in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may **EXCLUDE** terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or a member or manager of a limited liability company for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes No

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations, or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint, or other document that commenced the lawsuit, arbitration, or mediation and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a Limited Liability Company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

Division Use Only

Background Information (continued)

7. Do you have a child support obligation in arrearage? Yes No

If you answer yes,

a) by how many months are you in arrearage? _____ Months

b) are you currently subject to and in compliance with any repayment agreement? Yes No

c) are you the subject of a child support related subpoena/warrant? Yes No

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? Yes No

If you answer yes,

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes No

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the support document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Certification

40. The applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Application, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying certified copies of any documents attached to this application or requested by the jurisdiction(s).

Must be signed and dated by applicant.

Signature of Applicant

Type or Printed Name of Applicant

Month/Day/Year

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